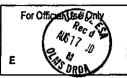


U S Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L. 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

DRO		
1 File Number U 9024	2 Fiscal Year Covered From	
	1 / 1 / 2004 Through 12 / 31 / 2004	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name Paul E Hayes	Name Sheet Metal Workers Local Union 218	
· ·	Labor Organization File Number 5/7-475	
PO Box Bldg Room No If any	P O Box Building and Room Number if any	
Street 2821 Trenton Ct	Street 2855 Via Verde	
City Springfield	City Springfield	
State Illinois ZIP Code + 4 42704	State Illinois ZIP Code + 4 (2703	
5 Position in labor organization Business Manager		
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of		
monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income	
Name		
Trade Name if any		
D.O. Davi Bilda Bassa No. 4 and		
PO Box Bidg Room No If any	7 b Amount.	
Street		
City		
State ZIP Code + 4		
Signature		
15 Signature and verification. The undersigned declares under penalty of Penury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed Paul E Hayes	on 8/12/05 (217) 793-9895	
- Jane C Trayes	Date Telephone Number	

lame of Person Filing Paul E HAyes		File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any) Name Sheet Metal Workers Local 2185 Apprenticeship and Development Fund Trade Name if any SMW 218 S JATC PO Box Bldg Room No if any Street 2855 Via Verde City Springfield State Illinois ZIP Code +4 62763	9 Business deals with X a Labor Organiza b Trust c Employer	ation	
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bidg Room No if any Street City State ZIP Code + 4	to Local Union 11 b Approximate dollar value 12 a Nature of interest he Income receive	S JATC IS a related trust 218. ue of such dealing	
	12 b Amount	₹ 3,450 €	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.		
Name			
Trade Name If any			
P O Box Bldg Room No if any Street City State ZIP Code + 4			
13 b Is the Business an Employer or Consultant?	14 b Amount of payment.		